



# State Ethics Commission - Committee Name Change Form

## FOR A CAMPAIGN COMMITTEE FOR USE BY CANDIDATE

Any substantive changes to the registration information of a committee must be updated within 7 business days.

<b>1</b>	Today's Date: _____	
<b>2</b>	Filer ID: _____ Previous Committee Name: _____ New Committee Name: _____ Address: _____ City, State, Zip: _____ Telephone Number (Optional): _____ and/or _____	
<b>3</b>	Campaign Committee Chairperson (Full Name): _____ Address: _____ City, State, Zip: _____	
<b>4</b>	Campaign Committee Treasurer (Full Name): _____ Address : _____ City, State, Zip: _____	
<b>5</b>	Candidate (Full Name): _____ Address: _____ City, State, Zip: _____ Telephone Number (Optional): _____ and/or _____	
<b>6</b>	Name of Office Sought (include district, post or judicial circuit, if applicable) State: _____ County: _____ Municipal: _____	Party Affiliation (Optional): <input type="checkbox"/> Democrat <input type="checkbox"/> Republican <input type="checkbox"/> Non Partisan <input type="checkbox"/> Other _____
<b>7</b>	Incumbent Name: _____	Election Year: _____

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE, AND ACCURATE.

\_\_\_\_\_  
Signature of Person Registering Committee

\_\_\_\_\_  
Date